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CLINICS.

CLINICAL LECTURE.

Clinical Lectures on Rheumatism.—De-
livered at St. George's Hospital. By
HENRY WM. FULLER, M.D., Physician to
the Hospital.

Gentlemen: In my last lecture we dis-
cussed the treatment of acute rheumatism,
and I adduced examples from your own
experience in the wards to prove that in the
judicious employment of alkalies in full
doses we have an efficient antidote to the
rheumatic poison, and a sure protection
against inflammation of the heart. It hap-
pens, however, that either from the neglect
of this preventive treatment or from some
time having been suffered to elapse before
medical advice is sought, patients are not
unfrequently attacked with endocarditis or
pericarditis before they are admitted under
our charge at the hospital, and it therefore
becomes necessary that you should be fully
prepared to encounter these formidable and
often fatal complications of the disease.

I will take as a text for my remarks on
this subject the case of E. K—, a weakly
girl, aged eighteen, who was admitted on
the 12th of December into Roseberry ward.
She had been attacked with acute rheuma-
tism two weeks prior to admission, and for
some days had suffered severely from acute
catching pain in the region of the heart.

On admission the skin was hot and per-
spiring; the hands and wrists were red,
swollen, and exquisitely painful, and eryth-
ematous patches extended some distance up
the right forearm; the tongue was furred,
and greatly loaded; the bowels were re-
ported open, and the urine clear, though
high-coloured and scanty; the pulse was
120, regular, but variable in strength; the
respiration was very quick and shallow.
There was great extension of the area of
præcordial dulness, and the heart's sounds
were almost inaudible; no exocardial or
endocardial murmurs could be distinguished,
and the firmest pressure with the stethoscope
failed to produce one. Beef-teen was ordered
as her diet; a large blister was placed over

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the region of the heart, and the following medicines were prescribed: Bicarbonate of potash, one drachm and a half; potassium tartrate of soda, one drachm; tincture of opium, five minims; two ounces of acetate of ammonia draught; to be taken every four hours, with one scruple of citric acid. Three grains of calomel and one grain of opium, made into a pill, were ordered three times a day.

On the 14th the rheumatic pains were much relieved, the area of præcordial dullness had decreased, and the sounds of the heart were clearer and less distant, but still unaccompanied by murmur. The urine had become alkaline, so the mixture was repeated every six hours only, instead of every four hours. The pills were continued as before.

On the 15th exocardial friction-sound was audible for the first time. The urine continued alkaline, so the mixture was repeated only twice daily.

On the 18th the sounds of the heart were much clearer, and the sound of friction was beginning to decrease. The rheumatic pains had entirely ceased, and the urine was still alkaline. The mixture, therefore, was omitted, but the pills were continued as before.

On the 20th, the pulse, which had fallen to 80, had regained its steadiness, but it was very weak; the friction-sound still continued.

On the 27th the urine was pale and alkaline, although she had not taken any alkali since the 18th; there was slight fetor of the breath, the pulse was 88, and weak; the friction-sound was still audible, and the sounds of the heart were not so clear as they had been. The pill, therefore, was repeated, with the omission of two grains of calomel, and a blister was again applied to the region of the heart. Fish, also, was ordered for her dinner.

The symptoms now remained without much variation until the 1st of January, when she began to complain of cough and of a pain in the chest. On the 3d these symptoms were worse; there was considerable fever, the pulse having risen to 118; the face was flushed and the breathing hurried; she complained of pain in the left knee and ankle, and of increased pain in the chest; friction-sound was still heard over the heart, and bronchitic rales were audible over both sides of the chest; her

pulse was weak and somewhat irregular; she was sweating profusely, the perspiration being faintly acid, and almost devoid of a rheumatic odour; and the urine was acid, but clear. A blister was again applied to the chest; a nitre draught, containing half a drachm of carbonate of potash, was given three times a day; the pill was continued, with the addition of two grains of calomel, and three ounces of sherry wine were ordered to be taken daily.

On the 5th the urine had become alkaline, the wine had not heated or excited her, and the pulse was still weak and irregular. The cinchona draught, with one scruple of bicarbonate of potash, was therefore substituted for the nitre draught, and the pills and wine were continued as before.

From this time she improved steadily. On the 8th the pills were omitted in consequence of slight pyralism. On the 10th the friction-sound was heard for the last time, and on the 22d she left the hospital, the action of the heart being regular, and its sounds clear and unaccompanied by murmur.

Now, this case affords a fair example of a severe attack of rheumatic pericarditis, and there are several points in relation to it to which I would direct your attention. In the first place, there was entire absence of exocardial murmur at the date of the patient's admission into the hospital, but nevertheless the existence of pericarditis was diagnosed, and treatment was adopted accordingly. You must have observed the same fact in other instances, and it is of importance that you should remember that mere absence of friction-sound affords very imperfect evidence of the non-existence of pericarditis. The sound of friction implies the rubbing together of the two surfaces of the pericardium, roughened by the effusion of lymph, and, therefore, the presence of any large quantity of fluid in the pericardium necessarily puts a stop to the occurrence of friction by separating the two layers of the membrane. You will readily understand, then, that inasmuch as in certain cases effusion into the sac is very abundant, and takes place with great rapidity, you may happen not to see the patient, or may not examine his heart until after the sound of friction has ceased, in consequence of the occurrence of effusion. But shortness of breath, or a complaint of pain in the chest made by a patient suffering from rheumatic

fever, should always arouse your suspicions as to the existence of pericarditis, and so also should marked irregularity in the force and frequency of the pulse. Under these, and, indeed, under all circumstances, it is your duty to examine carefully into the condition of the heart, and, in the absence of pleuritic and pulmonary disease, the presence of extended præcordial dulness and a muffled condition of the heart's sound is quite sufficient to render imperative the adoption of means to get rid of the effusion. In the case under consideration, as the area of præcordial dulness decreased, and the heart's sounds became clearer, the sound of friction became audible; but I would warn you not to suppose that your diagnosis has been wrong, simply because from first to last, you are unable to detect the presence of friction-sound. Extended præcordial dulness disappearing under treatment, and a muffling of the heart's sounds, which, after a time, is replaced by clearness of the sounds coincident with the disappearance of the præcordial dulness, is quite sufficient to stamp the character of the disease. The fact that you have been unable to discover any friction sound during the absorption of the effused fluid, may be due to the rapidity with which adhesion has taken place, and the shortness of the time, therefore, for which the friction has continued, or it may be referable to the non-effusion of lymph on the anterior surface of the heart, and to the consequent non-transmission of the friction-sound to the parietes of the chest. In the case of W. G—, who was admitted into the Hope ward on the 3d of April, there can be little doubt that this was the case; for although, as you will remember, he had all the general symptoms of pericarditis, and, with the exception of friction-sound, all the physical signs of the disease, and although under the influence of blisters, and calomel and opium, the symptoms all subsided, and the sounds of the heart became clear, yet from first to last no friction-sound was heard, although the heart was carefully examined daily.

The treatment of rheumatic pericarditis is a subject on which various opinions have been expressed, and I would therefore direct your attention to certain points in connection with it. Theoretically, the objects to be attained are—1st, the removal of the cause of irritation which first excites

and subsequently keeps up the pericardial inflammation; 2d, the subjugation of the mischief which has been set up; 3d, the mitigation of its evil effects by inducing absorption of the fluid, or other products which are effused into the pericardial sac.

The first object is to be compassed by the administration of alkalies, which, as I have shown you, have the power of preventing the accession of cardiac inflammation, and which also, by eliminating the rheumatic poison from the blood, do much towards removing the articular, cardiac, and other inflammations which are due to the presence of that poison in the system. The second and third objects are to be secured by the use of bloodletting, counter-irritation, and the administration of calomel, opium, and other remedies. In the case of E. K—, and in many other instances which have come under your observation in the wards, you have seen the plan of treatment I usually adopt. It is founded on the theoretical considerations just alluded to, and has proved eminently successful. The mixed alkalies are administered, calomel is pushed until the gums are slightly touched, and opium is given with it in quantity sufficient, not only to restrain its purgative action, but to subdue the irritability of the system. At the outset of the disease, if the heart's action is very turbulent, a few leeches may be applied to the præcordial region, or a few ounces of blood may be drawn from the arm; but in the great majority of cases depletion is unnecessary if the alkalies are properly administered, and in most instances it proves mischievous by depressing the patient, and thus preventing the setting up of those actions whereby absorption of the inflammatory products and adhesion of the two layers of the pericardial membrane are effected. Blisters are serviceable, even from the first, but their efficacy is displayed so much more strikingly when liquid effusion has taken place into the pericardium that I seldom have recourse to their assistance until the existence of effusion is unequivocally declared. In the case of E. K— a large amount of fluid existed in the pericardium at the date of her admission into the hospital, and the relief afforded by the blister was manifest in the increased clearness of the sounds of the heart, and the occurrence of pericardial friction, which within three days resulted from the two

roughened surfaces of the pericardial membrane having come into apposition in consequence of absorption of the effused fluid.

The importance of maintaining the strength of the patient whilst measures are being adopted for the relief of the local inflammation is well illustrated by the case of E. K.—Up to a certain point all seemed going on well. The rheumatic pains subsided; the area of præcordial dulness gradually diminished; the heart's sounds became clearer; and, in short, all the symptoms betokened the disappearance of the rheumatism, and the absorption of the fluid products of the pericardial inflammation. Nevertheless, the friction-sound continued, adhesion of the two layers of the inflamed membrane did not occur, and recovery did not take place. The explanation of this is to be found in the feeble condition of the patient. Naturally a weakly person, she had undergone two weeks of severe suffering before her admission to the hospital, and although the measures then adopted for her relief very speedily caused a mitigation of her pain, and relieved the heart of the large amount of fluid which was oppressing it, it was impossible at once to impart that tone to the system which is essential to the rapid organization of effused lymph. The feeble pulse, the alkalinity of the urine, which continued notwithstanding the omission of the alkalies, and the profuse and scarcely acid perspiration which ensued, were the exponents of the cause which prevented the organization of the effused lymph. The exhaustion which those symptoms indicated was the true cause of the non-cessation of friction, and is usually the origin of the untoward symptoms by which death in pericarditis is preceded. Accordingly, when these symptoms fully declared themselves, and it became evident that, notwithstanding the absorption of the more fluid parts of the exudation, adhesion would not take place between the two layers of the pericardium, I deemed it necessary to endeavour to support her, and thus enable the reparative process to take place. From the first I had given her strong beef-tea; on the 27th I ordered her fish for dinner; on January 3d wine was prescribed; and on the 5th I gave her the cinchona draught, although up to this time there had been no diminution in the sound of friction. Strange remedies these, you will say, to subdue an

acute serous inflammation! In truth they would be very strange remedies for such a purpose, but that was not the object for which they were administered. Blisters, and calomel and opium, and alkalies were the agents employed for that purpose; the food, the stimulant, and the bark were only given to support the general strength, and enable these agents to do their work. And right well they effected the object in view. From the time the bark and wine were administered the symptoms rapidly abated; the pulse regained its force and steadiness; the profuse, enfeebling perspiration ceased, and the friction-sound diminished, and soon disappeared altogether. Here, then, is an important practical point for your consideration. None of the functions of the body, and none of the actions which are necessary to the reparation of the tissues can go on properly in a person enfeebled beyond a certain point, and in the treatment of pericarditis, as of all other inflammatory diseases, it is essential to uphold the patient's strength directly you obtain evidence of constitutional exhaustion.

(To be continued.)

HOSPITAL NOTES AND GLEANINGS.

Tetanus following a trifling injury fatal in forty seven hours.—The following is an example of traumatic tetanus following, as is often the case, a slight injury, and proving rapidly fatal. The treatment adopted was that by opiates; which, during the latter part of the case, were of necessity administered by the rectum. Cases of acute tetanus of this class seem to be hardly amenable to any treatment; those cases of tetanus which are occasionally recorded as having been successfully treated being of the chronic and mild character; where the disease seems, in fact, to have a tendency to wear itself out.

B. T., aged 40, married, was admitted into Westminster Hospital on June 14th, 1862, 7 P. M., under Mr. Brooke. She stated that, about a fortnight ago, she fell down stairs and struck her elbow against a pail that was placed at the bottom, which grazed the skin. She also hurt her head; but all went on well till nine o'clock in the morning of the day mentioned, when stiffness of the lower jaw and neck came on, with difficulty of swallowing. When she

was admitted, the muscles of the neck and jaw were very rigid, but the mouth could be opened a little by using force. There was an inflamed ulcer on the left elbow, but no other perceptible injury. She was at once put to bed; and ordered to take four grains of calomel and eight grains of jalap, and to have a poultice applied to the ulcer. The powder not acting, an enema was given, and the bowels were well relieved; after which she was given twenty minims of solution of acetate of morphia. She passed a very restless night. Deglutition was becoming more difficult; and there was perfect trismus. The pulse was quick and feeble.

June 15, 7 A. M. Deglutition was much worse. As she was not able to swallow, an enema consisting of an ounce of beef-tea, half an ounce of brandy, and twenty minims of tincture of opium, was injected into the rectum every hour.

10 A. M. She was no better. Tetanic convulsions were very frequent.

2 P. M. The bowels were again relieved, after which the beef-tea enema was retained.

4 P. M. Convulsions were more frequent; even the passing of the syringe-pipe up the rectum was sufficient to cause a paroxysm.

7 P. M. The neck and throat were ordered to be rubbed with a liniment of equal parts of chloroform and tincture of opium.

11 P. M. Perfect opisthotonos was present; and mere movement of the bed-clothes, or the sight of liquids, brought on tetanic spasms.

June 16th, 2 A. M. There was continued spasm; the pulse was very weak. She could not take any nourishment; the pupils were contracted; the skin perspiring profusely. She was quite sensible. She remained in this state till death took place at eight o'clock A. M., June 16, 1862.—*British Med. Journ.* Nov. 29, 1862.

Excision of Knee-Joint; Recovery; Condition of the Limb three years after the Operation.—This case is a valuable one, as the patient has been under observation longer than the majority of such cases; indeed, long enough (Mr. Smith said) to justify a reasonable expectation that the cure will be permanent, and long enough to afford information on the question of the influence of the operation of excision upon the growth of bones in young children.

Mr. Smith remarked that resection of the knee-joint has been pronounced by many (Mr. Syme among others) to be inapplicable to the growing bones of young children, from the belief that the injury inflicted would either abruptly arrest the growth of the limb, or at all events so seriously interfere with it as to render the limb nearly useless in adult life. The results of the following case (Mr. Smith said) tend to confirm an opinion he had expressed in 1857, namely, that, provided the line of epiphysal cartilage is uninjured by the operation, the subsequent growth of the bones will continue as before.—*British and Foreign Medico-Chirurgical Review*, 1857, vol. xx. p. 313. This coincides with the results of the recent investigations of Dr. Humphry, of Cambridge, on this subject, which are summed up by that gentleman in the following words (*Medico-Chirurgical Transactions*, vol. xlv. p. 303): "We are justified in concluding—1st. That if the epiphysal lines are sawn away in the operation of excision of the knee, the subsequent growth of the limb will be impaired; 2dly. That if the epiphysal lines be intact, there is much probability that the growth of the limb will be fully or nearly equal to that of the other limb.

A boy, aged 9, had been suffering with repeated attacks of pain in one knee during the last three years. The first attack was attributed to a blow. When first seen, the joint was about twice its natural size, fixed and flexed at a right angle; any attempt to straighten it gave great pain, but it bore external pressure pretty well; it was elastic and puffy on each side of the patella, as if from synovial enlargement; the limb was useless; the mother stated that recently the pain had become worse in the joint, and that the boy was day by day getting thinner and weaker. He frequently awoke at night with loud screams from the pain produced by starting of the limb; there was the usual distortion of the joint, characteristic of advanced disease, the bones of the leg being drawn outwards and far backwards, beneath the condyles of the femur, and the patella being dislocated on to the external condyle.

Excision was performed on August 24, 1859, the patella and articular surfaces of the femur and tibia being removed by a short and wide semilunar incision stretching across the front of the joint. The ham-

string tendons were divided, as the limb could not otherwise be brought into the straight position, notwithstanding that a second slice of the femur had been previously removed with the same object in view. A long back-splint with a foot-piece was applied, and a short, wooden splint was strapped firmly over the front of the femur, and a large pad was placed behind the head of the tibia. No ligature was required.

The joint was found to be full of tough, vascular, and pulpy synovial membrane, and a similar structure connected the opposed surfaces of bone. The back of the condyles of the femur rested on the front of the head of the tibia. The cartilage of the femur was everywhere eroded, and about three-fourths of its surface had been removed. It had a worm-eaten appearance; the bone beneath appeared healthy; the tibia and patella had suffered in the same way to about the same extent; the whole thickness of the bone removed did not exceed an inch when put together in their natural position. In taking the second slice from the femur, a portion of the epiphyseal cartilage was removed over the most prominent part of the external condyle. This piece was about the size of a shilling, or rather smaller.

For the first few days after the operation the boy suffered severely from constitutional irritation, but by the sixth day the wound had, for a time at least, healed, and he had regained his appetite and ordinary condition. Three weeks after the operation, an abscess formed in front of the resected ends of the bones, which required a drainage-tube to be passed through it before its cavity would close. At the end of six weeks from the operation the splint was first changed. Three months after the operation the boy was allowed to walk across the ward at his own request, and, from his mode of progression, it was evidently not the first experiment of the kind. The limb was quite straight, and apparently firmly ankylosed (no force was employed to test it). It was an inch shorter than the opposite, measuring from the umbilicus. There were still two small sinuses open. The whole joint was encased in gutta percha, and a firm bandage applied, and at the end of November he went to Brighton to a convalescent institution.

Dr. Humphry, who was kind enough to look after him at Brighton, wrote on February 4, five months and a half after the operation—"There is two inches difference in the length of the limbs, partly accounted, for by the stiff limb being ankylosed in a slightly flexed position. The boy can run and do anything."

Mr. Smith saw the boy two years after the operation. The relative length of the limbs was the same, and, though the boy had grown much taller, there was still but two inches difference in the length of the legs.

February, 1863. The boy is strong and well. He can, he says, walk as well as other boys.—*Med. Times and Gaz.*, Feb. 7, 1863.

Galvanism applied, by Aid of the Laryngoscope, to the Vocal Cords.—The electric current has been brought to bear directly on the vocal cords by Dr. Morell Mackenzie, and two cases of functional aphonia have yielded to it immediately. One patient had completely lost her voice for two years, and had been in London Hospital for some months, where every remedy had been used in vain by Dr. Mackenzie. Cauterization of the larynx, blisters, and even the employment of galvanism externally, had all failed, but the application of galvanism directly to the vocal cords succeeded at once, and, after a week, the patient spoke as well as she had two years previously.

In the other case, where the loss of voice was of eighteen months' duration, and where every kind of treatment had been tried unsuccessfully in the London Hospital, the voice was immediately restored by galvanism directly applied to the vocal cords. Dr. Mackenzie has invented an instrument, by which the electric current can be set going, but does not pass beyond a certain distance till the point is introduced into the larynx, when a spring is touched, and the current reaches the vocal cords. Dr. Mackenzie recommends the remedy in the early stages of clergymen's sore-throat, before the perverted state of the nerves has led to follicular deposit.—*Med. Times and Gaz.*, Feb. 7, 1863.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—The next regular Annual Meeting of the American Medical Association will be held in the City of Chicago, Illinois, on the first Tuesday in June, 1863. Every permanently organized State, County, and Local Medical Society is entitled to send one Delegate for every ten members, and one additional Delegate for a fraction of more than half that number. Medical Colleges, and Hospitals containing over 100 beds for the sick, are entitled to two Delegates; and all other permanently organized Medical Institutions are entitled to one Delegate each.

The Committee earnestly desire a full attendance from all parts of the country.

By order of the Committee of Arrangements.

N. S. DAVIS, Chairman.

Medical Department of the University of Pennsylvania.—At the annual commencement on the 14th of March last, the degree of M. D. was conferred on 78 candidates. The matriculants during the session numbered 319.

Jefferson Medical College, Philadelphia.—At the commencement held on the 10th of March, 1863, the degree of M. D. was conferred on 82 candidates.

The number of matriculants for the session 1862—63 was 275.

Medical College of Ohio.—At the commencement held on the 2d of March last, the degree of M. D. was conferred by this Institution on 27 candidates.

Medical Department of the University of Buffalo.—At the recent annual commencement of this school the degree of M. D. was conferred on twenty-four candidates.

University of Michigan.—The catalogue of this institution contains the names of two hundred and fifty students who attended the medical lectures at the session recently closed. The number who received the degree of M. D. was thirty-nine.

Harvard Medical School.—At the annual commencement, on the 11th of March, the

degree of M. D. was conferred on forty-two candidates.

Medical Department of the University of New York.—At the commencement, on the 5th of March, the degree of M. D. was conferred on fifty-six graduates.

Resignation of Professor Samuel Jackson.—We learn that Prof. Jackson, who has so long and very ably filled the chair of Physiology in the University of Pennsylvania, intends at once to tender his resignation. Dr. J. was an enthusiastic, highly interesting, and brilliant lecturer, and inspired his hearers to a great extent with his own zeal for physiological investigations. We wish him in his retirement the repose he is so well entitled to, with health, long life, and every comfort.

Massachusetts General Hospital.—Dr. D. S. TOWNSEND, who has served this institution as one of its surgeons with great faithfulness and ability for more than a quarter of a century, has recently retired. Dr. R. M. Hodges has been elected as his successor.

Children's Hospital, Philadelphia.—We have received the Sixth Annual Report of this very useful institution, which shows that its benefits are yearly being extended to an increased number of patients. This Hospital was founded in 1855, and since that period it has received as indoor patients 659 children, and advice and medicine have been given to 6,875 outdoor patients.

The want of a larger building, and one in a more open situation, where the little patients can have the benefits of pure air, sunshine, and ample space for exercise, is strongly pointed out, and we trust our charitable community will hasten to supply the requisite means for the purpose.

A building fund has been created, but it is as yet very small, amounting to only 3,085 dollars. This institution deserves the most active sympathies and pecuniary support of the charitable, and we can scarcely believe that it will fail to obtain both.

American Medical Monthly.—It is announced in the December number of this journal that its publication will be suspended.

British American Journal.—The publication of this journal, it is announced, terminates with the number for December last, for want of pecuniary support.

Obituary Record.—Died, at his country-seat, at Fordham, Feb. 14, of pleuro-pneumonia, Geo. P. Cammon, M.D., aged 59 years. Dr. C. held a very high position in the estimation of his brethren in New York, and was considered as among the most advanced and accurate students of pulmonary and cardiac diseases in our country. Though possessed of great wealth, he was most punctual and faithful in his attendance at the New York Dispensaries to which he was attached. Owing to his aversion to publicity, he has published but little, and seldom mingled in professional circles; but he was universally respected, and regarded as a bright ornament of the profession.

FOREIGN INTELLIGENCE.

Contagion of Secondary Syphilis.—Among the victims of contagion of secondary syphilis, writes M. Diday in *Gazette de Lyons*, are the glass-blowers at Giers and Vernasion. The frequency of syphilis among this class of workmen has long been observed, and the fact also that the disease almost always commences in the mouth. Three individuals are obliged to blow forcibly, one immediately after the other, into a hot iron tube, which they are forced to compress strongly with their lips. Hence, therefore, if in one of the three syphilitic disease of the mouth should exist, its propagation is readily effected. At Lyons we continually meet with cases of syphilis which have been contracted in this way; and occasionally there arise actual epidemics of the disease. M. Diday has presented this state of affairs to the magistrate of the district, and has recommended that a capable physician should be appointed to superintend the blowers in these glass establishments, and to prevent any one who has a syphilitic disease of the mouth using the tube alluded to.—*British Med. Journ.*, Nov. 29, 1862.

Smallpox in Vancouver's Island.—Victoria papers state that 1000 Indians have died of smallpox in Vancouver's Island this winter. It is thought that the disease will soon exterminate the race on the Island.

Medical School of Saint Cyr.—This school has been temporarily closed in consequence of a number of the pupils having within a few days been attacked with typhoid fever, some of whom have already fallen victims to the disease.—*Gaz. Hebdom. de Méd. et de Chirurg.*, Jan. 16, 1863.

Medical Secrecy.—The Medical Societies of Paris are at present exercised in regard to the question, whether a physician when consulted with regard to the health of a patient in reference to marriage, should refuse to give any information? The societies of the viii and ix arrondissements have decided as to the obligation of secrecy; while the society of the vii arrondissement have declared that while in general, the above rule is correct, there are also circumstances in which the dictates of conscience are above the law [a higher law]. This last seems to us to be a dangerous decision, and one which might lead to great abuses.

Knowledge gained by a physician in his professional capacity should be deemed sacred, and not to be divulged under any circumstances. It is very questionable whether it be safe to make any exceptions to this rule, and if any be made, they must be extremely rare.

Another Stage Calamity.—At Saddle's Wells' Theatre recently the dress of one of the ballet girls took fire at one of the side lights, and before the fire could be extinguished the poor girl was so dreadfully burnt that her life is despaired of. In all such cases the manager should be criminally liable for not protecting the lights by wire gauze, and for not requiring the dancers to dress in unflammable dresses.

Fecal Baths at Vienna.—The medical journals tell us that there is in Vienna a bathing establishment, where the baths are formed of the contents of the bowels of recently-killed oxen. The establishment issues a large list of cures effected by its pollutions. The efficacy of these baths is attributed to their temperature, to the gastric acids in them, the salts, the gases, and the electrical action produced!—*British Med. Journ.*, Sept. 13, 1863.

[Are there any limits to human credulity, or any species of quackery too disgusting and absurd not to find dupes?]